

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128Primary Registration District No. 2100Registrar's No. 222

STATE FILE NUMBER

FILED FEB 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Springfield

Length of stay in 1b  
12 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY  
OR TOWN

Springfield

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Mercy Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1946 S. Hollison

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Zora

Middle

Howard

Last

Esterle

## 4. DATE OF DEATH

Month

February

Day

5,

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-24-1871

## 9. AGE (last birthday)

90

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

William Howard

## 13b. MOTHER'S MAIDEN NAME

-?- Couch

## 14. NAME OF HUSBAND OR WIFE

George E. (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Howard Esterle, Springfield, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Congestive heart failure

## INTERVAL BETWEEN ONSET AND DEATH

9 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic heart disease

9 years

## DUE TO (c)

A.S.C.V.D.

Unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Blind

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Springfield Greene Mo.

21. I attended the deceased from Feb. 3, '53 to Feb. 5 '62 and last saw her alive on Feb. 5, '62  
Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2-7-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Forest Hill Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Rex Rainey, Springfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-6-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3812

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.